

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

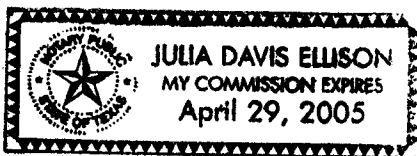
RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

See backside for instructions

2001 OCT 31 P 2:44

1 ACCOUNT # _____	2 Total pages filed: <u>1</u>												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">TITLE <u>Mr.</u></td> <td style="width: 33%;">FIRST <u>Enrique</u></td> <td style="width: 33%;">MI <u>M.</u></td> </tr> <tr> <td>NICKNAME</td> <td>LAST <u>Barrera</u></td> <td>SUFFIX</td> </tr> </table>	TITLE <u>Mr.</u>	FIRST <u>Enrique</u>	MI <u>M.</u>	NICKNAME	LAST <u>Barrera</u>	SUFFIX						
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NICKNAME	LAST <u>Barrera</u>	SUFFIX											
4 ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
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5 ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 33%;">Month Day Year <u>04/26/01</u></td> <td style="width: 33%;">THROUGH</td> <td style="width: 33%;">Month Day Year <u>06/30/01</u></td> </tr> </table>	Month Day Year <u>04/26/01</u>	THROUGH	Month Day Year <u>06/30/01</u>									
Month Day Year <u>04/26/01</u>	THROUGH	Month Day Year <u>06/30/01</u>											
6 EXPLANATION OF CORRECTION	<p>A previous correction report was filed to include rent paid for a campaign headquarters. However, as this expenditure was reported in a separate SPAC report, reporting it under the C/OH report is duplicative and unnecessary. Please disregard the last correction affidavit filed on or about Sept. 17, 2001.</p>												

7 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me by ENRIQUE M. BARRERA this the 31ST day of October, 20 01.

to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

JULIA DAVIS ELLISON
Printed name of officer administering oath

Senior Executive Secretary
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

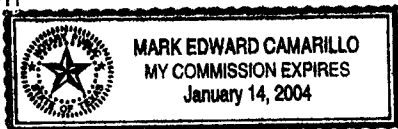


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1	ACCOUNT #	2	Total pages filed: <u>1 of 4</u>
3	CANDIDATE / OFFICEHOLDER NAME	TITLE <u>Mr.</u> FIRST <u>Enrique</u> MI <u>M.</u> NICKNAME LAST SUFFIX <u>Barrera</u>	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged
4	ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	
5	ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>04/26/01</u> THROUGH <u>06/30/01</u>	
6	EXPLANATION OF CORRECTION <div style="font-size: 1.2em; padding: 10px;"> Rent for campaign headquarters was not included as no invoice was received. </div>		

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

[Signature]
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Enrique Barrera this the 14th day of Sept, 2001,
 to certify which, witness my hand and seal of office.

[Signature]
 Signature of officer administering oath

Mark Edward Camarillo
 Printed name of officer administering oath

Notary
 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
 Needed To Report And Explain Corrections**



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

2-4 of 4

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE Mr. FIRST Enrique MI M.
NICKNAME LAST BARRERA SUFFIX

OFFICE USE ONLY

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
6435 Buena Vista
San Antonio, TX 78237

☐ Change of Address

Date Received

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE Mrs. FIRST Leticia MI G.
NICKNAME LAST BARRERA SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE
6435 Buena Vista
San Antonio, TX 78237

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 432-2431

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
04 / 26 / 01 THROUGH 06 / 30 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05 / 05 / 01
☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)
City Council Dist. 6

12 OFFICE SOUGHT (if known)

City Council Dist. 6

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name
Enrique M. Barrera Campaign

Address / PO Box, Apt. / Suite #, City, State, Zip Code
6435 Buena Vista, San Antonio, TX 78237

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Mr. Enrique M. Barrera

15 ACCOUNT #(Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☒ SPECIFIC

COMMITTEE NAME

Enrique M. Barrera Campaign

COMMITTEE ADDRESS

6435 Buena Vista, SAT 78237

COMMITTEE CAMPAIGN TREASURER NAME

Mrs. Letizia G. Barrera

COMMITTEE CAMPAIGN TREASURER ADDRESS

6435 Buena Vista, SAT 78237

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

-0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

-0-

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

-0-

4. TOTAL POLITICAL EXPENDITURES

\$

500-

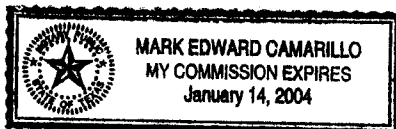
OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

-0-

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Enrique Barrera, this the 14th day of Sept., 20 01, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Mark Edward Camarillo
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The instruction GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 4

2 FILER NAME

Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/01/01

5 Payee name

Ithaca Investments

6 Payee address; City; State; Zip Code

7121 Hwy. 90; San Antonio, TX 78227

7 Amount (\$)

500-

8 Purpose of payment (See instructions regarding type of information required.)

Rent for Headquarters for June

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Enrique M. Barrera

city Council
Dist. 6

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED